U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

READ THE INSTRUCTIONS CAREFULLY BEF  READ THE INSTRUCTIONS CAREFULLY BEF  1. File Number U - 7740  2. Fisc  3. Name and address of person filing.  Name Carl W McNaughton  Name Carl W McNaughton  P.O. Box, Bldg., Room No., if any PO Box 67  Street  City Clinton  State Montana  ZIP Code + 4 59825-0067  State  Montana  ZIP Code + 4 59825-0067  State  To be solved in the exclusions see the second in the exclusion	al Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004  ne, file number, and address of labor organization.		
1. File Number U - 2740  2. Fisco  3. Name and address of person filling.  Name Carl W McNaughton  Name Carl P.O. Box, Bldg., Room No., if any PO Box 67  Street  City Clinton  State Montana  ZIP Code + 4 59825-0067  State Montana  ZIP Code + 4 59825-0067  State Montana  A. Held an interest in, engaged in transactions (including loans) with, or derived monetary value from an employer whose employees your organization reprise.  Name  7.a. Name	al Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004  ne, file number, and address of labor organization.  Plumbers AFL-CIO Local 459  or Organization File Number 039-109  Box, Building and Room Number, if any		
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P.O. Box, Bldg., Room No., if any PO Box 67  Street  City Clinton  State Montana  ZIP Code + 4 59825-0067  State  5. Position in labor organization.  Recording Secretary  Enter appropriate data below If, during the past fiscal year, you or your spouse or m (except as specified in the exclusions see  A. Held an interest in, engaged in transactions (including loans) with, or derived monetary value from an employer whose employees your organization repr  6. Name and address of Employer (including trade name, if any).  7.a. Name	Box, Building and Room Number, if any		
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State Montana  ZIP Code + 4 59825-0067  State Montana  ZIP Code + 4 59825-0067  State Montana  ZIP Code + 4 59825-0067  State Montana  Recording Secretary  Enter appropriate data below If, during the past fiscal year, you or your spouse or many (except as specified in the exclusions see A. Held an interest in, engaged in transactions (including loans) with, or derived monetary value from an employer whose employees your organization reprofessional properties of the properties	Missoula		
5. Position in labor organization.  Recording Secretary  Enter appropriate data below if, during the past fiscal year, you or your spouse or m (except as specified in the exclusions see  A. Held an interest in, engaged in transactions (including loans) with, or derived monetary value from an employer whose employees your organization repr  6. Name and address of Employer (including trade name, if any).  7.a. Name	A MARKETIN KILLS AND HE SALES MARKETIN AND A SALES		
Enter appropriate data below If, during the past fiscal year, you or your spouse or m (except as specified in the exclusions see  A. Held an interest in, engaged in transactions (including loans) with, or derived monetary value from an employer whose employees your organization repr  6. Name and address of Employer (including trade name, if any).  7.a. Name	Montana ZIP Code + 4 59801-2428		
6. Name and address of Employer (including trade name, if any).  7.a. Name	Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
Comment of the commen	ture of Interest, Transaction, or Income.		
general deviges having a children and support a children and the support and t			
P.O. Box, Bldg., Room No., if any			
7.b. Ar	OONE.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/11/05 400 825 3703			

Telephone Number

Name of Person Filing Carl McNaughton	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Missoula Joint Pipe Trades Training Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1026 S 5th St W  City Missoula  State Montana ZIP Code + 4 59801-2428	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  Employee - Gross Wages	t y M. to, artises to, ar control the standard of a suppose the suppose the suppose the suppose to the suppose the	
Name Missoula Joint Pipe Trades Training Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Employee Gross Wages		
Street 1026 S 5th St W	11.b. Approximate dollar value of such dealing.	\$131	
City Missoula	12.a. Nature of interest held or income received	Last had with year for a group being by the year of a front a front a broad to be a construction of the co	
State Montana ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	PROPERTY CONTROL OF THE PROPERTY OF THE PROPER	
Name Trade Name, if any:		Type management of the Control of th	
P.O. Box, Bldg., Room No., if any			
Street Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	(2004) - Day (2004) - Lipp (20	